GOVERNMENT EMPLOYEES HEALTH ASSOCIATION Hqs REMITTANCE STATEMENT In payment of the following under policy number \_\_\_\_139\_\_ Other ( ) (explain):. Claim Premium Refund ( ) KIND OF POLICY: Specified Diseases ( )
Income Replacement ( )
Emergency Travel Plan ( )
Contract Hosp (OTHER) Remarks: Mutual Hospitalization ( United Benefit Life Ins. ( ) WAEPA Life Insurance ( Travel-Matic Insurance ( ) Hospitalized\_ \_ thru (DATE) Hospital Room. Hospital Extras (actual \$... Doctor's Fee TOTAL

THIS COPY SHOULD BE RETAINED FOR INCOME TAX PURPOSES

DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3 B 2 B NAZI HAR CRIMES DISCLOSURE ACT. DATE 2006

## SETTLEMENT OF CLAIM

Hospital Admission Count—This Payment—1	139 H 901 VOUCHER NUI	6 Self	6/7/6	5	OF DEDUCTIBLE
Hospital Room 3 Days@\$ 23_00   69_00   69_00     Hospital Room Days@\$   132_15   132_15     Outpalled Room Days@\$   132_15   132_15     Outpalled Hosp. Misc. (Include Ambulance)   132_15   132_15     Outpalled Hosp. Misc. (Include Ambulance)   132_15     Outpalled Hosp. Misc. (Include No. Ami. Voucher No. Ami. Vouche	Hospital Admission Date 6/29/65	OF ACTUAL	PAYABLE UNDER	FROM PREVIO	
Hospitel Room Day@\$ In-patient Hosp. Misc. (Indude Ambulance) Unpatient Hosp. Misc. (Indude Ambulance) Unpatient Hosp. Misc. (Ober than Hospital) Physician (Other than Hospital) Physician (Other than Surgeon) Physician (Other than Surgeon) Physician (Other than Hospital) Physician (Other than Hospital) Under Covered Expenses TOTAL BASE PLAN BENEFITS THIS WORKSHEET Total Actual Charges Add Any Accumulation of Deductible Applicable Total than 1 and Line 15 If Line 16 and Line 15 If Line 16 access Deductible (\$100) Plus Any Private Room Charge Exceeding \$25 o Day Enter Amount of Excess PAYABLE @ \$0% PAYABLE PAYBLE @ \$0% PAYABLE @ \$0% PAYABLE @ \$0% PAYABLE @ \$0% PAYABL			<del></del>	Previous Calendar Year	
In-patient Hosp, Misc. (Include Ambulance)   132_15   1		59,00	Cyclu		
Curpatient Hosp. Misc.  Surgeon  Annt.  Physician (Other than Hospital)  Physician (Other than Hospital)  Physician (Other than Hospital)  Other Covered Expenses  TOTAL BASE PLAN BENEFITS THIS WORKSHEET  TOTAL BASE PLAN BENEFITS THIS WORKSHEET  Total Actual Charges  Show Any Excess of Line 13 over Line 12  Show Any Excess of Line 13 over Line 12  Show Any Excess of Line 13 over Line 12  Show Any Excess of Line 13 over Line 12  Show Any Excess of Line 13 over Line 12  Total Lake I and Line 15  If Line 16 Exceeds Deductible (\$100) Plus Any Phytole Room Charge Exceeding \$25 o Day  Exter Amount of Excess  PAYABLE @ 80%  PAYABLE @ 80%  TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET  TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)  TOTAL MAJOR MEDICAL MAXIMUM (Line 12 Plus Line 20)  TOTAL MAJOR MEDICAL MAXIMUM (Line 12 Plus Line 20)  TOTAL MAJOR MEDICAL MAXIMUM (Line 12 Plus Line 20)  TOTAL MAJOR MEDICA			700 75	1 1	
Surgeon Anesthelist (Other than Hospital) Physician (Other than Hospital) Physician (Other than Hospital) Physician (Other than Hospital) Physician (Other than Hospital) Other Covered Expenses TOTAL BASE PLAN BENEFITS THIS WORKSHEET TOTAL BASE PLAN BENEFITS THIS WORKSHEET Show Any Excess of Line 13 over Line 12 Add Any Accumulation of Deductible Applicable Total Line 14 and Line 15 Total Line 14 and Line 15 Total Line 16 Exceeds Deductible (\$100) Phis Any Private Room Charge Exceeding \$25 a Day Enter Amount of Excess 17 AyABIE © 80% PAYABLE © 80% PAYABLE © 50% TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET TOTAL BENEFITS THIS WORKSHEET (Line 12 Phys Line 20)  TEMP 9 BREAKDOWN: Asst. Surgeon Others Others (Explain)  Date  Figh 1 , 19 66		132.15_	13245	1 1	Amt,
Anesthetis (Other than Hospital) Physician (Other than Surgeon) 6/1/65-12/23/65 Physician (Other than Surgeon) 6/1/65 Physician (Other t				1 1	
Physician (Other than Surgeon) 6/7/65-32/23/65  Progs (Other than Hospital)  Other Covered Expenses  TOTAL BASE PLAN BENEFITS THIS WORKSHEET  TOTAL BASE PLAN BENEFITS THIS WORKSHEET  Total Actual Charges  Show Any Excess of line 13 over line 12  216-00  Total Line 14 and Line 15  If Line 16 Exceeds Deductible (\$100) Plus Any Private Room Charge Exceeding \$25 o Day Enter Annound of Excess  PAYABLE @ 80%  PAYABLE @ 80%  PAYABLE @ 50%  TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET  TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)  TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)  TOTAL Surgeon  Others  Others  Others (Explain)  Date  Fib 1 , 19 66.	Surgeon			Voucher No	Amt
Drugs (Other than Mospital)   6/1/65   3.00     Other Covered Expenses   1.17.15     Total Actual Charges   1.17.15     Show any Excess of tine 13 over Line 12   216.00     Add Any Accumulation of Deductible Applicable   17 total Ine 14 and Line 15     If Line 16 Exceeds Deductible (\$100) Plus Any Private Room Charge Exceeding \$25 o Day Exter Amount of Excess   116.00     PAYABLE @ 80%   2.280     PAYABLE @ 50%   2.280     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET   223.95     TOTAL MAJOR MEDICAL B	Anesthetist (Other than Hospital)				
Other Covered Expenses  TOTAL BASE PLAN BENEFITS THIS WORKSHEET  Total Actual Charges  Add Any Accumulation of Deductible Applicable  Add Any Accumulation of Deductible Applicable  Total Line 14 and Line 15  If Line 16 Exceeds Deductible (\$100) Plus Any Private Room Charge Exceeding \$25 a Day Enter Amount of Excess  BRAYABLE @ 80%  PAYABLE @ 80%  PAYABLE @ 50%  PAYABLE @ 50%   TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)  TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)  THEM 9 BREAKDOWN:  Asst. Surgeon Others  Others  Others  Others (Explain)  Date Fig. 1, 19 66.	Physician (Other than Surgeon) 6/7/65-32/2	3/65 213,00			
TOTAL BASE PLAN BENEFITS THIS WORKSHEET    Total Actual Charges   117.15     Show Any Excess of Line 13 over Line 12   216.00     Total Line 14 and Line 15     If Line 16 Exceeds Deductible (\$100) Plus Any Private Room Charge Exceeding \$25 a Day Enter Amount of Excess     PAYABLE @ 80%   2.30     PAYABLE @ 50%   2.30     TOTAL BENEFITS THIS WORKSHEET   293.95     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL ALOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL ALOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL ALOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line	Drugs (Other than Hospital) 6/7/65	3,00		TOTAL	<del></del>
Total Actual Charges   \$17.15     Show Any Excess of Line 13 over Line 12   \$216.00     Add Any Accumulation of Deductible Applicable   \$10tol Line 14 and Line 15     If Line 16 Exceeds Deductible (\$100) Plus Any Private Room Charge Exceeding \$25 o Day     Enter Amount of Excees   \$2.80     PAYABLE @ 80%   \$2.80     PAYABLE @ 50%   \$3.95     TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET   \$2.80     TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)   \$23.95     ITEM 9 BREAKDOWN: Asit. Surgeon Others   \$2.80     Others (Explain)   \$2.80     Others (Explain)   \$2.80     Dote	Other Covered Expenses				
Show Any Excess of Line 13 over Line 12   Add Any Accumulation of Deductible Applicable   216.00     Total Line 14 and Line 15   216.00     If Line 16 Exceeds Deductible (\$100) Plus Amy Private Room Charge Exceeding \$25 a Day     Enter Amount of Excess   116.00     PAYABLE @ 80%	TOTAL BASE PLAN BENEFITS THIS WORKSHEET		208.15	Show any excess on this cla	im which may be appl
Show Any Excess of Line 13 over Line 12   Add Any Accumulation of Deductible Applicable   216.00     Total Line 14 and Line 15   216.00     If Line 16 Exceeds Deductible (\$100) Plus Amy Private Room Charge Exceeding \$25 a Day     Enter Amount of Excess   116.00     PAYABLE @ 80%	Total Actual Charges	417.15		toward satisfaction of the di	eductible in the:
Add Any Accumulation of Deductible Applicable  Total Line 14 and Line 15  PAYABLE @ 80% > 22.80  PAYABLE @ 80% > 22.80  TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)  TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus Line 20)  TEM 9 BREAKDOWN:  Asst. Surgeon Others Others (Explain)  Date Feb 1 , 19 66.			1\ /	1 1	
If Line 14 and Line 15   If Line 16 Exceeds Deductible (\$100) Plus Amy   Private Room Charge Exceeding \$25 a Day   Enter Amount of Excess   116.00     PAYABLE @ 80%			-	Current Calendar Tear	CO 166
If Line 16 Exceeds Deductible (\$100) Plus Amy   Private Room Charge Exceeding \$25 a Day     Enter Amount of Excess   116-00     PAYABLE @ 80%   >	<u> </u>	274 00	1 \ /	1 3	
Private Room Charge Exceeding \$25 a Day Enter Amount of Excess  1 PAYABLE @ 80%		210,00	1 V	and the second s	
Enter Amount of Excess    PAYABLE @ 80%				MAJOR MEDIC	AL MAXIMUM
Enter Amount of Excess  PAYABLE @ 80% >			/ \	PAID CO	ONTROL
PAYABLE @ 50% > Previously Paid Amount Major Medical Paid This WORKSHEET (Une 12 Plus Line 20) > 293.95  ITOTAL BENEFITS THIS WORKSHEET (Une 12 Plus Line 20) > 293.95  ITEM 9 BREAKDOWN: Asst. Surgeon Others  ITEM 11 BREAKDOWN: Appliances Nurse Others (Explain)  Date Feb 1 , 19 66	Enter Amount of Excess		1 / \	I L	1
TOTAL MAJOR MEDICAL BENEFITS THIS WORKSHEET   TOTAL BENEFITS THIS WORKSHEET (Une 12 Plus Line 20)  Amount Major Medical Paid This Claim  Paid This Claim  Less Any Reinstatement Credit Not Previously Taken  Total Accumulated Major Medical Poid  Major Medical Paid This Claim  Pai	8 PAYABLE @ 80%	92,80	1/ . \	11 '	
TOTAL BENEFITS THIS WORKSHEET (Une 12 Plus Line 20)  Paid This Claim  92.80  Less Any Reinstatement Credit Not Previously Taken Total Accumulated Major Medical Paid  92.80  Less Any Reinstatement Credit Not Previously Taken Total Accumulated Major Medical Paid  92.80  Less Any Reinstatement Credit Not Previously Taken Total Accumulated Major Medical Paid  92.80  Date	9 PAYABLE @ 50%		<u>/</u>		<u> </u>
Less Any Reinstatement Credit Not Previously Taken Total Accumulated Major Medical Paid  Others  ITEM 11 BREAKDOWN: Appliances Nurse Others (Explain)  Date	O TOTAL MAJOR MEDICAL BENEFITS THIS WORKS	IEET	92.80	3.1	
ITEM 9 BREAKDOWN:  Asst. Surgeon Others  ITEM 11 BREAKDOWN:  Appliances Nurse Others (Explain)  Date Fish 1 , 19 66	1 TOTAL BENEFITS THIS WORKSHEET (Line 12 Plus	Line 20)	293.95	Paid This Claim	92,80
ITEM 9 BREAKDOWN: Asst. Surgeon				Less Any Reinstatement	
Asst. Surgeon				Credit Not Previously Taken	
Others  ITEM 11 BREAKDOWN:  Appliances  Nurse  Others (Explain)  Date	ITEM 9 BREAKDOWN:			Total Accumulated	
Others  ITEM 11 BREAKDOWN:  Appliances  Nurse  Others (Explain):  Date	Asst. Surgeon			Major Medical Paid	92.80
Appliances	Others				
Date 19 66_	Appliances			-	
	Others (Explain)		,	-	
				Date Fab 1	, 19 <u>66</u>
REMARKS:		•	Ÿ		
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len e			-
	1	Octor's charges covered under Base Contract for surgery only. Hold bills until \$100 Deductible is satisfied under Pajor Medical Benefits.	
	2. <u></u>	(·) Respiral ( ) Dector billed us directly and the difference has been considered under Pajor Medical portion of Contract. Please retain attached for your own records.	
**	3	Hold bills whill 3000 Deductible under Major Medical Benefits has been met for specific member involved for	1
		Prescription drug receipts with information furnished BY FUARMAGIST must chow: 1. Name of member for whem prescription is issued; 2. Prescription number: 3. Name of doctor prescribing drug; 4. Date purchased; 5. Amount charged for EACH prescription. (Attached blue eard may be used when fuzzye prescriptions are purchased. Be sure to complete required information on card before submitting.)	
	5,	Doctor's bills with information furnished BY DCCTOR must show: 1. Name of patient; 2. Dates services rendered; 3. Types of services rendered, e.g. exact type of surgery if any, home visit, office visit, etc.; 4. Amount charged by item.	
٠.	6	Future claims must show above information required for dector bills and proportion drugs, or they cannot be accepted.	
	7	Fotations by Policyholder are not acceptable.	
٠.	8	There must be an existing illness or injury. Routine examinations are not covered.	
* B	9. 🖳	Please retain attached duplicate bill(s). Claim was paid by this office on Check # dated	
. 1		INSUFFICIENT INFORMATION:Need breakdown of charge(s)Need diagnosis pile, type of injury or nature of illnessNeed itemized bill showing types of services rendered.	
		Duplicate Charges Considered on this audit	
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-	distante de la constitución de		

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LINCOLA 6 5577

LEONHARD J. HANTSOO, M. D.

70: MARYLARD AVENUE N 6
WASHINGTON 2. D. C.

JULY 31,1965

COMMIT SCINTAIN SERVICE
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COMMITTE

08

## LEONHARD J. HANTSOO, M. D.

701 MARYLAND AVENUE, N. E.

WARHINGTON 2. D. C.

December 23,1965

For	professional	Bervices	rendered	for	troatment	of
anen	ia.		•			

·		the state of the s			
6/ 7/65	Office	visit, injection		\$	6.00
6/11/65	Office	visit, injection		8	6.00
6/15/65	Office	visit, injection		8	6.00
7/ 6/65	Office	visit, injection		*	6.00
7/ 8/65	Office	visit, injection		3	6.00
7/ 9/65	Office	visit, injection		\$	5.00
7/12/65	Office	visit, injection	1.0	Ş	€.00
7/13/65		visit, injection		Ĵ.	5.00
7/15/65	Cifice	visit, injection	v ·	ð S	6.00
7/19/65	Office	visit, injection		8	6.00
7/25/65	Cffice.	visit, injection		2	6.00
	CEC			\$	6.00
7/29/65	eaillo	visit, injection	i	8	6.00
8/16/65	Office	visit, injection		8	€.00
8/17/65	CEC			\$	6.00
8/19/65	Office	visit, inje ction		Š	5.00
8/30/65	Office	Visit, injection		8	5.00
9/ 7/65	Office	visit, injection		8	5.00
9/13/65	Office	visit, injection		8.	5.00
9/20/65	Office	visit, injection		\$	5.00
9/28/65	Office	visit, injection		\$	5.00
10/ 4/65	Office	visit, injection		\$	5.00
10/11/65	Office	visit, injection		\$	5.00
10/18/65	Office	visit, injection		\$	5,00
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10/19/65	CBC		. 1. t	\$	6,00
10/25/65	Office	visit, injection		. 😵	5.00
11/8/65	Office	visit, injection		₹.	5.00
11/29/65	Office	visit, injection		888888	5.00
12/14/65	Office	visit, injection		: <b>\$</b>	6.00
12/21/65	Office	visit	**************************************		5.00
12/23/65	Office	visit, injection		\$	6,00

Year: 1965	None: Har	io K.Giordano		· · · .		<u> </u>
Paid to:	l'ai Illness	d for Type of Service.	Date incurred	Cost	Amt.Paid by Basic Plan	Balance Eligible for Major Redical
Argyle Phagmacy	Anemia &	Drug #313176,Tylenol	6/7	\$ 6	•	6.00
Casualty Hospita  """  """  """  """  """  """  """	1	Room for three days Pharmacy 2± Sterile trays ** X-rays ** Laboratory tests etc. ** EKC **	6/29-7/1	69 10.15 10 65 32 15	10.15 10 65 32:	9
Taxi Dr.Hantisco	n "	To and from hospital Treatment in Hospital	n "	3 42	3	
Dr. Wannsoo	n .	CEC in Casualty Hospital	7/26;8/17;10/19	18	18	•
Taxis	ė.	"To/From	j ,, ,, ,,	9,	9	•
Dr.Bantsoo	11 -	28 Office visits & injections	6/7 to 12/23	153		153
Texios	n e	3 times to Dr.H's Office	6/7-6/17 (3x3)	9	•	9
Tants or buses		25 rimes " " "	7/6-12/23 (1.5x	25) 37.50		37,50
			Totals:	\$ 478.65	264.15;	214.50

f: Ost-patient care.

24 December 1965.

Mario Haroro Cain

for: Nospital extras, all together \$ 132.15.

HOSPITAL NO. EASTERN DISPENSARY AND SURCICAL FEP SENIOR CITIZEN SURGICAL MEDICAL SURGICAL MEDICAL STATEMENT OFFICE MIGH FFP DATE ADMITTED 54 7 45 WACH: LOW OFFICH CASUALTY MOSPITAL DATE DISCHARGED D actom | 55000 | 100VE | \$2500 ABOVE ) MARITAL STATUT PENAHU NOOR, C' BELOW WASHINGTON 2, D. C. Married 500, 1000 st ... - ABOVE | \$7500 | ABOVE | \$4000 J SYDEL [] 35C. 35G. NO. 23.00 ) below ) 6-29-65 HANTSON LUTH WM 315 YPE OF COVERAGE COMPENSATION CASE AGR 6867 3602 15TH ST. N.E. E. C. of \$52390 DATE OF MIRTH WASH. D.C. LMPLOYER 9-13-02 BL X OF N.Y. 25930 intl. HOSPITAL SERVICES PROFESSIONAL SERVICES OTHER TOTAL. 20,000 SERVICES CREDITS STAC MESICAL & SUBSICÁL PATHOLOGY AMESTRESIDENCY DECEMBERS ROOM PAGINGON 5005 AMOUNT COOK CODE AMOUNT | CODE Lui 23 65 23:00 23.00 23,00 3,90 6,00 15 28 2.50 933 成以30 65 58.40 23.00 2 1.75 15.00 210 15.00 204 2.50 933 58 40 JUL 1 (5 136.65 6.00 6 28 15.0d July 2.65 201.25 136.65 4.5 C 16.00 35,00 358 15.00 636 1 JUL 265 201.15 10.06 191.10 191.15 1.02.00 July 5 65 12 89.15 2.57 7 No 12 55 **€**2 1.7.7 **>** 2 AHENTHESIA . SECCIAL BENVICES DINCH SERVICES CHEDITS PINCHMACY PODM & BOTTO MATERIALS \$671 F. PAID LE OR 2 I. CINGLO THERSON I. CARORATORS 281V. 18 1 050 15 APERATING POOR TESTS ETC. PROCESSING CHARGE 2 536.6 2. ACCOVERY ROOM 2. INTRAVEROUS SOL. 2,75240 22,000 3. K.S. LAU. 2. CAST 8009 . ANES. MATERIAL 3. 3440 3. TRANSPUSION TRAY 4. M.S. X-SAY 081551865 NOTICE TO PATIENT: 4. CLINIC S. INSUNANCE 5 ACE BANDAGES .. ENERGENCY ROOM TO EXPEDITE YOUR DISCHARGE OCCASIONALLY THERE WILL BE G. WELLARE 6. CAST 7. ALLOWANCE 7. STERILE TRAYS UNAVOIDABLE LATE CHARGES RECEIVED BY THE BUSINESS OFFICE B. CTHER ... . TUBINGS AND LETTER BUTTO ELITIPATIONAL MARRIA PER HIS PATIENT WILL

COMPLETE FOUNTAIN SERVICE COSMETICS

PHARMACEUTICALS BIOLOGICALS

COlumbia 5-0162

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Notary Public	Prescriptions a Speci	
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17th \$t. a	nd Park Road N. W.	Washington 10, D. C.
Customer's Order No.	a. Kurys	6/4/1965 rel

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All claims and returned goods MUST be accompanied by this bill.

7 19480 Rec'd by

OLN 6.5871

LEONHARD J. HANTSOO, M. D.
701 MARYLAND AVENUE, N. E.
WASHINGTON 2, D. C.

July 31 1965

Mr. Aleka Kurgvel	
-3602 16-th Street, N.H.	_
Hashington, D.C.	

FOR PROPESSIONAL SERVICES: Randored for treatment of permicious anemia

6/29/65 to 7/2/65 Treatment at Casualty
Rospital

Total 8 42.00

Markons

## LEONHARD J. HANTSOO, M. D.

701 MARYLAND AVENUE, N. E.

WASHINGTON 2. D. C.

TELEPHONE LINCOLN 6-587-1

December 23,1965

Mr. Aleks Kurgvel 3602 16-th Street, N. W. Washington, D.C.

For professional services rendered for treatment of anemia.

•						
6	/ 7/65	Office	visit, injection		8	6.00
` 6	/11/65	Office	visit, injection		\$	6.00
			visit, injection			6.00
7	6/65	Office	visit, injection		Š	6.00
			visit, injection		š	6.00
			visit, injection		Š	5.00
7	/12/65	Office	visit, injection		\$	6.00
7	/13/65	Office	visit, injection		\$	5.00
7	/15/65	Office	visit, injection		\$	6.00
7	/19/65	Office	visit, injection		\$	6.00
			visit, injection		* * * * * * * * * * * * * * * * * * * *	6.00
7	/27/65	CBC			\$	6.00
7	/29/65	Office	visit, injection		\$ \$ \$ \$	6.00
8	/16/65	Office	visit, injection		\$	6.00
	/17/65				\$	6.00
8	/19/65	Office	visit, inje ction	L	\$	5.00
8,	/30/65	Office	visit, injection		\$	5.00
9,	7/65	Office	visit, injection		\$	5.00
			visit, injection		3 3 \$	5.00
9,	/20/65	Office	visit, injection		\$	5.00
9,	/28/65	Office	visit, injection		\$	5.00
10,	4/65	Office	visit, injection			5.00
10,	/11/65	Office	visit, injection		8	5.00
10	/18/65	Office	visit, injection	_	\$	5.00
			(HARLETAN THE HARLET HER)	X X		KAXAS.
10,	/19/65	CBC		•	\$	6.00
10,	/25/65	Office	visit, injection		\$	5.00
			visit, injection		Ş	5.00
11,	/29/65	Office	visit, injection		\$ \$ <b>\$</b>	5.00
12,	/14/65	Office	visit, injection			6.00
		Office			\$	5.00
12,	/23/65	Office	visit, injection		8	<b>6.0</b> 0

Total \$ 171.00

Marker ser

KURGVEL, ALEX 60 315 76466-9 6-29-65 HANTSOO LUTH WM 315 3602 15TH ST. N.E. WASH. D.C. BL X OF N.Y. 25930

## **EASTERN DISPENSARY AND CASUALTY HOSPITAL**

WASHINGTON 2, D.C.

COMPENSATION CASE

76461**6-**9 60 W SENIOR CITIZEN , SURGICAL SURGICAL-MEDICAL 6-29-65 DATE ADMITTEL EXTENDED SURGICAL-MEDICAL . POPTION LOW OPTION DATE DISCHARGED 7-2-65 | ABOVE | \$5000 | BELOW | \$2500 | ABOVE | \$4000 MARITAL STATUS ROOM CHARGES Married | ABOVE | S7500 | ABOVE | \$4000 | ABOVE | \$6000 CODE ROOM NO. DAILY RATE EC. OF DATS SOC. SEC. NO. TYPE OF COVERAGE

Ad2 8867 B. C. of New York 9-13-02 Belf Luth

		н	OSPITAL	SERVICE	S					PROFE	SSIONA	L SERVIC	ES			OTHE				S. C. FL.		1
ROOM 4 B	DARD	PHARM	1ACY	OPERATIN	G ROOM	MEDICAL &	SURGICAL JALS	RADIOI	LOGY	PATHO	LOGY	ANESTHE	SIOLOGY			SERVIC	ES	CREDI				VERIFICATION FACTOR
AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	THUOMA	CODE			
23.00	2 2	3.90	1				·		}	6.00	628		}				}			ini 53 62	23.00	
23,00	2	1.75	1		}			15,00	210	2.50					·	,	]			JUN 30 65	58.40	23.00
	•	4.50	i			10.00	7	15.00 35.00	204	2.5 0 6,00 15.00	628			15.00	1			10.00	1	UL 165 UL 265 UL 265	136.65 201.15 191.15	5840 13665 20135
			}			<u> </u>												102.00	12	밴L 6 65	89,15	191,19
		<u> </u>		}														86.48 2.67	2 7	AUG 12 65	0.00	69.15
														I		ll				1		AL CHARGES
														l		L		L		1	LESS:	NSURANCE XPECTED TO PAY
																				4	2 LESS:	OTHER CREDITS
ROOM &	BOARD	PHAI	RMACY	OPERATI	NG ROOM	MEDICAL &		RADIO	LOGY	PATHO	DLOGY	ANEST	HESIA	SPECIAL	BENVICES	OTHER SE	VICES	CREDIT	3	1	·	PAID BY PATIEN
1. PRIVAT 2. SEMI-P 3. WARD		I, DRUG	s	1. OPERAT 2. RECOVE 3. CAST R		1. OXYGEN 2. INTRAVE 3. ANES. N	NOUS SOL.	I. X-RA	Y	I. LABOR TESTS		I. ANEST	HESIA	1. EKG		I. PHONE 2. RED CROSS PROCESSIN	G CHARGE	1. PAID - 1 OR 2 2. G.H.I. 3. M.S. LAB.  BALANCE DUE SUBJECTO ABI		E DUE TO ABOVE		
						4. DRESSIN 5. ACE BA 6. CAST 7. STERILE 8. TUBING CATHET 9. MISC. S	GS NDAGES TRAYS S AND ERS	UNAV AFTER	O EXPED	PATIENT: ITE YOUR LATE CHA T IS DISCH MAIL.	DISCHARG	CEIVED DY	THE BU	SINESS C	FFICE	3. TRANSFUSI 4. CLINIC 5. EMERGENC' 6. AMBULANC SERVICE 7. THERAPY 8. OTHERS	ROOM	4. N.S. X-RAY S. INSURANCE 6. WELFARE 7. ALLOWANCE 8. OTHER OCCION				
				DOCTOR (S		7			PLEASE	SHOW FUI ANGE BY M	LL NAME	OF PATIEN			والمنتاذ والمناسب موادون ما	and the second		ASSISTED DE				a sakedah in

O CORRECTION SYMBOL

Year: 1965	Name: Haz	cio K.Ciordano			114.5		
Paid co:	Par	dfor	Date incurred	Cost	Art.Foid	Palence Eligible for	
	Illness	Type of Service.	From To.		Plan	Major Medical	
Argyle Pharmacy	Anemia & arthritis	Drug #313176,Tylenoi	6/7	\$ 6	•	6.00	
Canualty Hospital		Room for three days	6/29-7/1	69	60,	9	
16 11	"	Flurmacy ** Scerile trays **	11 11	10.15	10.15	<u>.</u>	
11 11 11 11 11 11 11 11 11 11 11 11 11	n n n	X-rnys *** Laboratory tests etc. *** EEG **	11 11 11 11 11 11 11 11 11 11 11 11 11	65 32 15	32		
Tairi. Dr <sub>a</sub> Kantaoo	11 i	To and from hospital Treatment in Hospital	11 11	3 42		• •	
Dr.Mantsoo	et	CBC in Casualty Hospitals	7/26;8/17;10/19	. 18	18	•	
Teris		"To/From	, , , ,	9	9	•	
Dr.Hantsoc	n v	28 Office visits & injec-	6/7 to 12/23	153	! -	153	
Taxica	n e	tions 3 times to Dr.H's Office	6/7-6/17 (3×3)	9	•	9,	
Tanis & buces	**	25 times " ", "	7/6-12/23 (1.5%2	5) 37.50	-	37.50	
			Totals:	s 478.6 <b>5</b> ;	264.15;	214.50	

<sup>\*:</sup> Out-patient care.

24 December 1965.

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<sup>\*\*:</sup> Hospital extras, all together \$ 132.15.